

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	5-28-04
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9	✓
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13	✓
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15	✓
16	✓
17	=
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19	✓
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24	✓
25	=
26	1
27	=
28	✓
29	✓
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31	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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